

DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING  
Heber M. Wells Building  
160 East 300 South - Box 146741  
Salt Lake City, Utah 84114-6741  
Telephone: (801) 530-6628



## QUALIFIER RESIGNATION FORM

### Notice:

Contractor licenses are issued to the business entity that applied for the license. The qualifier for the business entity is not the owner of the license unless the qualifier was also the owner of the business entity to whom the license was issued. The qualifier for a contractor licensee is required to notify the Division, in writing, within 10 days of the last date of employment, if they become disassociated from the business entity (they are no longer an employee or officer).

The disassociated qualifier cannot engage in construction until he either applies for a license for his own business entity and the license is issued, or he again becomes a W2 employee or officer of a licensed contractor.

Please be advised that pursuant to Utah Code Ann. § 58-55-503(4)(h) any party contracting without the appropriate license may be fined up to \$1,000 for the first offense and \$2,000 for the second offense and up to \$2,000 per day thereafter for each day of unlicensed practice.

Applications necessary to apply for a license or to become a qualifier for another company can be picked up in the lobby of the Heber M. Wells building, downloaded from the division's website [www.dopl.utah.gov](http://www.dopl.utah.gov), or by calling Experior at 801-359-4417 and asking for an application to be mailed.

### TO THE DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING:

I am resigning as the qualifying management employee (qualifier) for the following license:

Licensee (company) name: \_\_\_\_\_ License number: \_\_\_\_\_

Licensee (company) address: \_\_\_\_\_

City \_\_\_\_\_, State \_\_\_\_\_ Zip \_\_\_\_\_

Please be advised that effective \_\_\_\_\_ (date) I am/was no longer associated with the above licensee. I also verify that I have read the above notice:

\_\_\_\_\_  
Signature of resigning Qualifier

\_\_\_\_\_  
Printed name of resigning qualifier

\_\_\_\_\_  
Address of qualifier

City \_\_\_\_\_, State \_\_\_\_\_ Zip \_\_\_\_\_

Phone number: \_\_\_\_\_